

January 3, 2003

When TV Commercials Play the Doctor

By ERIN N. MARCUS

MIAMI — Several months ago, a woman walked into a clinic where I work and asked for Prempro, a hormone replacement drug. She wasn't bothered by hot flashes or interested in preventing bone loss — the usual reasons we would have prescribed this drug. She just wanted to look like Patti LaBelle. Back then Ms. LaBelle, along with Lauren Hutton, was an official Prempro spokesperson, promoting the drug in television advertisements in which she sang of her "new attitude."

Last summer, Wyeth, the manufacturer of Prempro, stopped running the ads after a major federal study found that women taking the drug for four years or more had a higher risk of breast cancer than those who took a placebo. Patients have stopped asking for Prempro but they continue to ask about other heavily promoted drugs, like Vioxx, a pain medicine whose ads feature Dorothy Hamill skating lithely around a rink.

Since the Food and Drug Administration relaxed its rules governing advertising of prescription drugs five years ago, I've seen a steady increase in the number of patients asking for certain expensive new medicines. Often these patients don't really know the purpose of these drugs or their risks or side effects — they've just seen a nice ad on TV or in a magazine. While I've usually found that I can convince patients that they don't need these drugs (if they're inappropriate), it can be very hard to persuade patients to try pain relievers other than Vioxx and Celebrex, since often patients in pain are looking for anything that will help, and these drugs are effective and well known.

A recent report by the General Accounting Office estimates that every year at least 8.5 million Americans request and obtain specific prescriptions after seeing or hearing ads for particular drugs. In 2001 drug companies spent about \$2.7 billion on such advertising, a 150 percent increase since 1997, when the F.D.A. loosened its rules on advertising. This is still less than the amount drug companies spent promoting their drugs to doctors (and I'll admit, I've listened to their talks and eaten their sandwiches). But most doctors, unlike patients, make their decisions based on clinical experience, and at least where I work, doctors usually greet these drug promotions with a dose of skepticism.

Perhaps the most unsettling finding of the accounting office report is that many of the prescription drug ads are misleading and are seen by millions before the government even considers stopping them. The F.D.A. is not required to review the ads before they hit the airwaves. Often, by the time the agency sends out letters telling companies to stop a particular ad, it has already run for months and been taken off the air.

Some have blamed a new step in the F.D.A.'s review procedure for the slowdown in removing misleading advertisements from the airwaves. Even so, the regulation of prescription drug ads aimed at consumers was limited already. The agency requires that these ads include balanced information about a drug's risks and benefits but allows them to greatly summarize side effects.

The new director of the F.D.A., Dr. Mark B. McClellan, has said he plans to set new standards for the ads and toughen enforcement. But many of us who have to answer patients' questions every day wonder whether these commercials should be on the air at all.

Medicines aren't like shampoo or perfume. They're things people need to maintain health, not discretionary products a person can use or throw away on a whim. I'm all for educating patients so they can make informed decisions about treatment. But these ads aren't educational tools, they're sales pitches — and as hard as we doctors try, it's tough to compete with the likes of Patti LaBelle and Dorothy Hamill.

Erin N. Marcus is a general internist and assistant professor of clinical medicine at the University of Miami School of Medicine.

[Copyright 2003 The New York Times Company](#) | [Permissions](#) | [Privacy Policy](#)